Zimbabwe's Social Policy Response to Covid-19: Temporary Food Relief and Cash Transfers

Chipenda, Clement; Tom, Tom

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Clement Chipenda
Tom Tom

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Clement Chipenda
Tom Tom

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Content

Zimbabwe's Social Policy Response to Covid-19: Temporary Food Relief and Cash Transfers

Clement Chipenda *
Tom Tom **

Abstract

Zimbabwe's social policy response to Covid-19 unfolded in a context of enduring socioeconomic and political crises. Its main instruments were temporary food relief and cash transfers, though it also included healthcare measures, an economic stimulus package, pension benefits, and "cushioning allowances". The expansion of food relief and cash transfers was based on existing social protection programmes, and beneficiaries were, at least in theory determined through means-testing and targeting. Local and international civil society organisations supported the government's response. While the breadth and timing of Zimbabwe's social policy response are noteworthy, it remained largely inadequate and temporary.

Introduction

When a new coronavirus strain that affected humans was first reported in Wuhan, Hubei Province, China to the World Health Organisation (WHO) in December 2019, no one envisaged that it would have a global impact, and present one of the greatest challenges to humanity in modern history. Later renamed the Covid-19 virus, it was seen to be a highly infectious respiratory disease that caused severe illness and death (Haddout et al. 2020). Due to the rapid spread of the virus and fatalities, the WHO responded to this epidemiological concern by declaring Covid-19 as a public health emergency of international concern on 11 March 2020 (WHO, 2020). It encouraged countries to adopt concerted measures to prevent and contain Covid-19 (Liu et al. 2020: 277; Lone and Ahmad, 2020: 1300).

Zimbabwe, like many other countries was considered to be at high risk and there was concern on how the government would handle the emergent crisis (Makurumidze, 2020: 469). Having learnt important lessons from the 2008–2009 cholera epidemic, where 98,585 people had been infected with 4,287 fatalities (partly attributed to slow response by the government and poor public health management, see Chigudu, 2019; Cuneo et al. 2017), the country's initial response to Covid-19 was promising. Covid-19 was immediately declared a national disaster on 27 March 2020, paving the way for redirecting state resources to fight the pandemic. Emergency regulations were applied along with deployment of personnel to public health services (Mugabe, 2020). The national disaster was given legal effect through Statutory Instrument SI-076 Civil Protection (Declaration of State of Disaster Rural and Urban Areas of Zimbabwe) (Covid-19) Notice, 2020.

The declaration of the national disaster came after Zimbabwe recorded its first Covid-19 positive case on 20 March 2020. The case was classified as 'imported' as it involved a male resident of the town of Victoria Falls who had a travel history to the United Kingdom and South Africa. Immediately afterwards, the country reported its first fatality, which was that of a prominent journalist and it highlighted the urgency needed in dealing with Covid-19. The profile of the deceased led to the case being highly publicised and for many people in Zimbabwe, Covid-19 became a reality. Measures were immediately put in place to curb the spread of the virus. In the country, Cov-

* South African Research Chair in Social Policy, University of South Africa, Tshwane, South Africa, clement.chipenda@gmail.com
** South African Research Chair in Social Policy, University of South Africa, Tshwane, South Africa, grantomt@gmail.com

id-19 containment measures were given legal effect through Statutory Instruments (SIs) with Statutory Instruments 77 and 83 being the initial laws. The country was put under a national lockdown with restrictions on unnecessary travel, public gatherings, and the closure of national borders. A few essential services were allowed to operate but under very strict Covid-19 containment measures. Mandatory testing of all returnees was put in place on 26 May 2020 after noting that a high number of returnees were testing positive to Covid-19 (Zimbabwe Ministry of Health and Child Care, MoHCC, 2020). Since the gazetting of the first Covid-19-related regulations, there have been periodic reviews with some conditions being relaxed or tightened. Despite a general decline in new cases, increases in recoveries (at 94% on 20 October 2020) and relaxation of the lockdown, Covid-19 is still of concern (Zimbabwe Ministry of Health and Child Care, 2020).

With Zimbabwe and broadly, the world facing an unprecedented crisis which gradually went beyond an epidemiological and public health crisis to a cross-cutting socioeconomic and political catastrophe, questions have arisen on how small developing countries have managed to deal with the pandemic and its ramifications. In this report, we are particularly interested in Zimbabwe's social policy response to Covid-19 during the period January 2020 to September 2020. Fundamental to the analysis is how social policy is instrumental in improving the lives of citizens in a time of Covid-19 particularly by providing mitigatory interventions with the state playing a central role.

Important to highlight from the outset is that Zimbabwe's social policy response included mostly food deficit mitigation, cash transfers, health system interventions, pension support and funding state institutions for research and manufacturing of personal protective equipment. Although the timing of the response and political will were appropriate, the pandemic arrived to a background where for the past two decades, Zimbabwe has witnessed several challenges including international isolation, low foreign direct investment, high capital flight, macroeconomic meltdown, a frosty relationship between the government and civil society organisations, and a temporary rather than sustainable response to socioeconomic challenges (Helliker and Murisa, 2020; Gukurume, 2018). Under such circumstances, questions arise on the ability of the country to deal with the threats posed by the pandemic. Recently, the country's economy has been acutely flagging with the health and social protection systems being severely underfunded, and not being as efficient as expected given their central role in people's lives (Chagonda, 2020; United Nations, 2020). These contextual factors contributed to inadequate and temporary social policy response. In the next section, we briefly look at the country's socioeconomic and political context as a background preceding an exploration of the country's Covid-19 response.[1]

Political and Socioeconomic Context

Since 1980, Zimbabwe has been governed by the former liberation movement, the Zimbabwe African National Union – Patriotic Front (ZANU–PF), firstly under Robert Mugabe (1980–2017) and currently under Emmerson Mnangagwa (since 2017). Initially, the post-independent country took a socialist trajectory and an expansionist social policy regime in the 1980s with priority being given to disadvantaged areas. A legacy of this period was heavy investment in education, health (especially primary healthcare) and social service provision (Mate, 2018). From independence in 1980 to the late 1980s, the government heavily subsidised health, education and food security. For example, the government strived to establish hospitals and clinics in all rural areas. In attempts to improve primary healthcare, by 1987 approximately 7,000 community-based village workers were trained by the Ministry of Health. From 1980 to 1985, healthcare was free to all people who earned less that ZWL 150 per month.[2] In 1981, special programmes including expanded immunisation against infectious diseases were introduced. By 1988 more than 90% of mothers were competent in oral rehydration therapy (Sanders, 1992, 52–53).

In the 1990's, the country took a neoliberal trajectory which emphasised trade liberalisation, market deregulation, public sector restructuring and budget cuts in the social sector, particularly in healthcare, social welfare and education (McCandless, 2011). During this period, most gains in the social sector that had been made in the early post-independence period as the state sought to redress colonial imbalances were lost. The infiltration and

1 Zimbabwe's population stood at 14.8 million in 2020 (Zimstat, 2020) and its GDP per capita at USD 1,464 in 2019 (World Bank, 2020).

2 As at 1 September 2020, the interbank exchange rate was USD 1 to ZWL 83, while the black market rate was USD 1 to ZWL 100.

dominance of a neoliberal social policy and development regime starting in 1990 led to adoption of the IMF conditionalities including state roll-back, privatisation, introduction of user fees and deregulation (Chipenda and Tom, 2018; Kawewe, 2000). These had adverse effects on both the economy and all areas of social policy. For instance, labour rationalisation by employers resulted in widespread job losses. By December 1995, 32,440 formal sector workers were made redundant against a target of 20,000, signalling loss of income as a main source of livelihood (Ranga, 2004). This occurred in a context where subsidies had been removed and the government was no longer active in labour matters.

At the turn of the century, the ZANU–PF government became increasingly insensitive to international governance frameworks. There was the adoption of despotic politics, radical indigenisation policies, unprecedented political violence, electoral fraud and the lack of respect for the rule of law. This culminated in international isolation as Zimbabwe became a pariah state with targeted sanctions being imposed on its leaders by the United States and the European Union. The country faced severe economic challenges and record levels of inflation and poverty, with a temporary reprieve only coming in 2008 following the formation of a Government of National Unity (GNU) between ZANU–PF and the opposition (the two formations of the Movement for Democratic Change which had split in 2005).

During the GNU era, the social policy regime was reoriented to revive popular welfare in a context of economic rebound and stability after formally adopting the USD as the official currency in 2009 (Kanyenze et al. 2017). To improve the welfare of civil servants through restoring the lost value of salaries, the government introduced USD 100 vouchers for civil servants, and later instructed all employers to pay salaries and wages in USD. This led to a reinvigoration of currency stability, enhanced purchasing power, savings and investment for the socioeconomic benefit of the majority against a 2008 context where inflation hit a record 11.2 million per cent, and the majority could not afford basic commodities. For instance, the price of a loaf of bread stood at ZWL 1.6 trillion (Mukuhlani, 2014; CNN, 2008).

With the end of the GNU in 2013 after ZANU–PF won the presidential, parliamentary and local government elections, economic challenges began to resurface, and the country has been in a downward trajectory ever since. Mugabe was disposed by his party in 2017 with assistance from the military and replaced by his long-time ally and former deputy Mnangagwa. After assuming power, Mnangagwa promised to revive the country's economy, re-engage with the international community, attract foreign direct investment and deal with the country's persistent economic challenges and poverty (Mnangagwa, 2017). He is still to fulfil these promises three years after assuming office.

ZANU–PF radicalism in the past two decades has changed the figuration of social policy and development. It is different from the early post-independence period where the constellation of social policy actors was wide and included public, civil society, private, regional and international stakeholders. Polarisation due to politics and mistrust has negatively affected social policy development and implementation. Currently, Zimbabwe's public healthcare policy and the attendant system are fragile and marked by a plethora of problems pertaining to poor infrastructure, shortage of drugs and equipment, skills flight and deepening demotivation of health workers who have gone on strike countless times with their grievances never being addressed (Kidia, 2018). Social protection programmes in the country do exist but they are not comprehensive and are underfunded.

Since 1980, social services have gradually declined in both coverage and quantity. For example, per capita health financing was USD 8.55 in 2000 against a recommendation of USD 23.6 in 1997 by the Commission of Review into the Health Sector (Nyazema, 2010). In 2017, government spending on social safety nets stooped to 0.72% of GDP compared to an average of 1.1% in other African countries (The World Bank, 2016: viii). Furthermore, health funding fell to USD 21 per capita in 2020 from USD 57 in 2017 along with limited government capacity to acquire basic drugs and medical equipment, failure to continue with the expansionist approach of the 1980s, and acute apathy among healthcare personnel (UNICEF, 2020) Social policy development and implementation during this period is presented as lacking transparency and consultation (Mate, 2018).

In a context of trifling social protection programmes (Chinyoka, 2017), and 7.7 million people constituting approximately 60% of the population being food poor (Zamchiya et al. 2020), Covid-19 came at a very challenging time for the country and it has become one of the biggest challenges in recent history. The difficulties facing the country have thus impacted in different ways on the provision of public services especially in the health and social protection sectors (see Tom and Chipenda, 2020). Zimbabwe's public healthcare system, which was already fragile and marked by a plethora of problems pertaining to poor infrastructure, shortage of drugs and

equipment, skills flight and deepening demotivation of health workers (Kidia, 2018), has been deeply affected. This is in a context where authorities have continuously denied that the country is in a crisis.

Economically, the country has not been doing well. Industries continue to close, making thousands redundant (Gukurume and Oosterom, 2020). In 2020 alone due to Covid-19, the government estimates that 150,000 formal jobs had been lost and it has indicated that this is of concern, and has committed itself to restoring the lost jobs (Ministry of Finance and Economic Development, MoFED, 2020a). This comes against a background where the informal sector was reported by the International Monetary Fund (IMF) as continuing to grow, constituting 60.6% in 2019. In Zimbabwe, most of those made redundant by loss of employment in the formal sector have been absorbed by the informal sector. In 2019, the proportion of people in Zimbabwe working in the informal sector was 90% while the inflation rate stood at 500% (Chagonda, 2020). According to Zimbabwe's Ministry of Finance and Economic Development, the official unemployment rate in 2020 was 4.99%.[3] It is important to note that when Covid-19 arrived, the country was not only facing economic challenges but also severe constraints emanating from the devastating impact of climate shocks associated with droughts and cyclones. This had seen the country launching a humanitarian appeal in April 2020. In this regard, USD 715 million was being sought to address the vulnerabilities faced by 5.6 million food insecure people. It was estimated that 4.3 million people in the rural areas (constituting 46% of the rural population) as well as 2.3 million urban dwellers required assistance. The challenges were attributed to persistent economic shocks (UN, 2020).

As we look at the country's Covid-19 response, we need to bear in mind this political and socioeconomic context. The country's social protection response was spearheaded by the Ministry of Public Service, Labour and Social Welfare (MoPSLSW). The challenge was that the unprecedented impact of the pandemic required a response, and finance was key in ensuring effectiveness. Unfortunately, as indicated earlier, the country's social protection system was underfunded. The MoPSLSW, which oversees social protection initiatives in the country, had been allocated approximately just ZWL 2.4 billion in the 2019 national budget (MoFED, 2020b). This was 3.4% of the total budget and it was the eighth highest budget allocation. To get a perspective, we can compare this with the allocation given to the Ministry of Lands, Agriculture, Water, Climate and Rural Resettlement which had the highest budget allocation after receiving 16% of the national budget. This, to some extent highlights the current government priorities which are the productive sector, with agriculture being seen as key for economic transformation (MoFED, 2018). Lack of priority for funding social protection interventions over many years has had implications for the country's Covid-19 response as the country was not prepared to deal with the shocks caused by the pandemic.

Zimbabwe's Social Policy Response

Zimbabwe's social policy response to Covid-19 has mainly been based on statutory instruments (SI's) as well as economic recovery and stimulus packages, and reviews. This has had implications in terms of legal, human rights and socioeconomic issues which arose as the country grappled with the pandemic. Important to note is that critical details of the country's Covid-19 response are not readily available save for generic information available from official press statements and government updates, parliamentary debates, and budget presentations. Lack of readily available information, bureaucracy, and numerous limitations due to Covid-19 protocols presented challenges in soliciting information to compile this report. However, this report can still capture the core aspects of Zimbabwe's social policy response.

The country's general response to the pandemic was characterised by a Presidential Declaration of Covid-19 as a national disaster on 27 March 2020 (Mugabe, 2020). It is through this proclamation that government ministries put in place initiatives to respond to Covid-19. They included budget reprioritisation, the reconfiguration of existing initiatives and the development of new programmes. Rather than declare a state of emergency, which would have required parliamentary approval within 14 days, the government opted to declare the pandemic a national disaster, giving the president powers to take the necessary measures to assist the affected population, therefore effectively avoiding bureaucratic bottlenecks. This created opportunities for networking with stakehold-

3 In Zimbabwe, the unemployment rate is the proportion of people over the age of 15 who are available to work but are not working (Zimbabwe National Statistics Agency). This figure is often understated due to inclusion of those in the informal sector.

ers and for a timely allocation of resources towards fighting the pandemic. March 2020 saw the launch of the Zimbabwe National Preparedness and Response Plan for Covid-19, creation of a National Covid-19 Response Task Force as well as the Inter-Ministerial Committee on Covid-19 (OCHA, 2020).

A national lockdown in response to Covid-19 commenced on 30 March 2020 and progressed in various phases as it was continuously reviewed (Legal Resources Foundation, 2020). A corpus of measures to prevent and contain Covid-19 is associated with SI 83/2020. In terms of social policy responses to the pandemic, the country had numerous interventions, some which were built around already existing social protection interventions targeting the vulnerable under the Ministry of Public Service, Labour and Social Welfare (MoPSLSW). The most notable were food deficit mitigation, cash for cereals, harmonised cash transfer, child protection and cash transfer for Covid-19 relief.

Food relief

As highlighted earlier, when the pandemic started, Zimbabwe was already facing a food security crisis due to the impact of climatic shocks. Food deficit mitigation (see World Food Programme, 2020) therefore preceded the pandemic. Despite coverage and inadequacy concerns, the extension of direct grain provision into the Covid-19 lockdown period was considered as essential. In April 2020, eight rural districts were reported to have received 7,114 metric tonnes of grain in total to reduce food poverty which was seen as being worsened by the pandemic. The scheme was then extended to urban areas, but it took a different form as cash payments substituted the grain allocation scheme to vulnerable households. In Zimbabwe's two main cities (Harare and Bulawayo), 21,431 food deficient households were reported to having received a total of ZWL 3,870,089 in the first two weeks of the Covid-19 lockdown. In addition, ZWL 4,756,409 was reportedly paid to 26,140 beneficiary households in eight districts (Bindura, Kariba, Gwanda, Beitbridge, Kwekwe, Plumtree, Shurugwi and Mvuma). In the period January to April 2020, ZWL 25.2 million was disbursed with 63,000 households in 23 districts that are considered to be poorest being means-tested and benefitting. An additional 10 districts were included to bring the number to 33, and these were catered for under the 2020 National Budget. The logic was to spread coverage to districts not benefitting from the government's harmonised cash transfer programme (MoFED, 2020a).

Economic stimulus

The government announced in March 2020 that it had set aside ZWL 200 million (USD 550,000) per month, for the next three months for a new emergency cash transfer programme that was specific for Covid-19. The fund was intended to reach 1 million vulnerable households in both rural and urban areas with each household being allocated ZWL 300 (Staff Reporter, 2020). An additional ZWL 600 million was availed to boost the MoPSLW's existing social protection programmes, and the underlying objective was to mitigate the effects of Covid-19. By June 2020, it was reported that from these funds, the government had spent ZWL 158.1 million on cash transfers, ZWL 67.3 million on 'sustainable livelihoods' and ZWL 98 million on social protection through the MoPSLSW by October 2020 (MoFED, 2020a, 2020b).

In May 2020, the government unveiled a ZWL 18.2 billion Covid-19 Economic Recovery and Stimulus Package, valued at 9% of GDP. The aim of the package was twofold. Firstly, it sought to improve the country's economic performance and ensure recovery from Covid-19-induced shocks. Secondly, it sought to provide relief to individuals, families and businesses affected by Covid-19. This was aimed at fulfilling its goal of reaching 1 million households with relief. For the government, we believe that the stimulus package was a means of fulfilling its statutory obligations of providing healthcare and social protection to vulnerable populations in the country. It was also a political statement (in the face of dissenting voices from the opposition in parliament) which showed that practically, the government was being proactive in responding to the pandemic. Zimbabwe's stimulus package was to some extent modelled along the South African initiative (Mashingaidze, 2020) where in April 2020, a Covid-19 stimulus package amounting to USD 26 billion or 10% of GDP was unveiled (Bhorat and Kohler, 2020). The package was aimed at providing health support, relief to the informal sector and local government, wage protection, income and credit guarantees as well as social assistance. The social assistance component was particularly important as it resulted in an expansion of cash transfers and social grants, and it amounted to 10% of the total stimulus package (see Bhorat and Kohler, 2020).

Cash transfers

Zimbabwe's Covid-19 cash transfer programme was allocated ZWL 2.4 billion in the stimulus package, and by 13 October 2020, it had managed to reach 202,077 beneficiaries. The logic behind the transfers was to provide income to all vulnerable individuals and groups. Table 1 summarises the breakdown of disbursements by province. It shows that the urban areas of Harare (45%) and Bulawayo (15%) had the highest number of beneficiaries.

Table 1. Cash Transfer Allocations by Province in Zimbabwe

Province	Beneficiary Households	Amount ZWL
Harare	91 468	24,753,147
Mashonaland West	13 130	3,066,022
Manicaland	18 349	3,959,952
Matabeleland North	3 586	707,692
Mashonaland East	5 273	1,119,560
Midlands	8 123	1,500,088
Matabeleland South	7 270	1,448,199
Mashonaland Central	10 085	1,820,847
Masvingo	14 113	2,548,102
Bulawayo	30 680	8,120,114
Total	**202 077**	**49,043,722**

Source: MoFED (2020a)

Cash transfers as a social protection measure are not novel in Zimbabwe (Ndlovu and Ndlovu, 2019; Fenton et al. 2015), and are also prevalent in other African countries (Adesina, 2020; Devereux, 2016; Ouma & Adesina, 2019). For example, in neighbouring Zambia, a Covid-19 emergency cash transfer (ECT) has been the most noteworthy social policy intervention for assisting the poorest households to cope with the effects of the pandemic. This has been in a context of severe financial challenges, limited state capacity and a squeezed social sector (Pruce, 2021; Zambia Institute for Policy Analysis and Research, 2020a). Compared to Zambia, where the ECT was funded and driven by international donors, Zimbabwe's government dominated in funding the cash transfer programme. The governments of both countries are claimed to have used cash transfers for populist motives.

Cash transfers were central in Zimbabwe's Covid-19 social protection responses by the MoPSLSW, but there were concerns. Firstly, the amount which was provided, which was initially ZWL 180 and later revised to ZWL 300 (approx. USD 3) was considered by many as inadequate. This was against a backdrop where the Consumer Council of Zimbabwe (CCZ) had indicated that the cost of a monthly family basket for six in April 2020 was ZWL 7,171. An increase in the price of fuel, the limited supply of basic products and panic buying by consumers due to the lockdown were said to have contributed to the increase in prices of basic goods (Nyoni, 2020). In August 2020, the Consumer Council reported that the monthly basket was ZWL 14,438 and by September it had increased to ZWL 20,985 (Vinga, 2020). This illustrates the inadequacy of the amount which the government was providing for social protection.

Secondly, it was not clear how beneficiaries would be identified, with fears that the funds would be used for ZANU–PF's patronage politics, given its chequered past in this regard. The MoPSLSW indicated that the beneficiaries would be identified from its databases while using its usual means-testing to identify new beneficiaries. Additionally, lists supplied by the Minister of Women Affairs, local authorities and informal traders were received and used by MoPSLSW. The Minister of Finance and Economic Development added that some of the beneficiaries would be identified through a "sophisticated algorithm" that would determine who would be eligible to receive funding as it would analyse a potential beneficiary's bank account and mobile wallet (Mudzingwa, 2020). Lack of clarity on beneficiary selection fuelled speculation that its opaque nature would result in patronage politics, but no evidence of this has surfaced as yet.

With the emphasis on cash transfers, there were no significant policy measures in the areas of social insurance and labour market (see Gentilini et al. 2020: 134).

Healthcare

An important aspect of the Covid-19 pandemic was that it drew attention to the health sector in different countries, and showed that most public healthcare systems were overburdened and facing numerous challenges (ILO, 2020). Under the Economic Recovery and Stimulus Package, Zimbabwe's government provided ZWL 739 million to the Ministry of Health and Child Care to fund different interventions (MoFED, 2020b). A wide corpus of measures pertaining to health delivery during the Covid-19 pandemic was announced. The most notable included measures directing six months' health levy collections to Covid-19 expenditures; hiring an additional 4,000 health personnel; upgrading of and appropriately equipping all central, provincial and district hospitals and other facilities to accommodate Covid-19 patients; and provision of a tax-free allowance for frontline health workers and commitment to settle medical shortfalls from the Premier Service Medical Aid Society Scheme. Payment of a once-off professional support allowance (ZWL 10,000) was introduced as a way of motivating frontline Covid-19 response staff. The Ministry of Finance and Economic Development in its statement on Fiscal Mitigatory Measures to Contain the Impact of Coronavirus (Covid-19), highlighted government's creation of 200 more additional medical posts with the consent of Treasury. The Health Services Board (HSB) and the Public Service Commission were engaged to establish an insurance cover for all government employees that directly interface with Covid-19 patients.

After Covid-19 was declared a global pandemic and a national disaster, the National Social Security Authority (NSSA) complemented government's efforts in fighting the pandemic by providing two of its facilities (the former Beitbridge Rainbow Hotel and Ekusileni Medical Centre located in Beitbridge and Bulawayo respectively). The former is for use as a transit quarantine centre for returnees from South Africa and the latter for accommodating patients undergoing Covid-19 treatment (NSSA Press Release 31 March 2020). In addition, in line with its mandate of providing social security, NSSA donated to repairing an intensive care unit (ICU) ventilator at Mutare General Hospital. This was an essential contribution in a context where inadequate and dysfunctional ventilators are among the core problems bedevilling Zimbabwe's management of Covid-19 in all public healthcare institutions (Zimbabwe Lawyers for Human Rights, 2020).

While efforts were made to increase funding to the country's healthcare system in the face of Covid-19, this could not compensate for the fact that the health sector had for decades suffered from underfunding and mismanagement. In the 2020 budget, the Ministry of Health and Child Care had been allocated ZWL 6.6 billion constituting 10% of the total budget, which is far below the 15% threshold set by the Abuja Declaration of African countries to improve their health sectors (WHO, 2011). With a history of challenges plaguing the health sector, it is hardly surprising that the country was not prepared to face the challenges and shocks posed by the pandemic.

Besides mere provision of healthcare we noted that in Zimbabwe's Covid-19 response there were pervasive issues of availability, accessibility, adequacy and quality (Tapera et al. 2019). For instance, voluntary testing is essential for one to ascertain his/her Covid-19 status. However, in Zimbabwe, most public healthcare institutions had challenges providing this service. Given a context of deepening poverty among the majority, the USD 60–80 fee (see Chikwari, 2020) for testing has been unaffordable for many. Longer turnaround time for release of results is an additional challenge. Mandatory testing of all returnees from other countries, while important in reducing imported cases, started much later on 26 May 2020. Moreover, the country lacks resources for nationwide testing. Ventilators are critical for life-saving functions yet most public healthcare institutions have limited ventilators, and in some cases, these are dysfunctional (Aljazeera, 2020; Zimbabwe Lawyers for Human Rights, 2020). In other contexts, the adequacy of medical equipment and dysfunctional health systems in a time of Covid-19 are a concern (see Shamasunder et al. 2020). In the interest of containing the pandemic and safeguarding public health, ZWL 50 million was allocated to quarantine centres (MoFED, 2020b). Quarantining of suspected or confirmed cases of Covid-19, if well managed, can make an immense contribution to containing and reducing the spread of the pandemic.

Temporary relief came with the availing of finance through the stimulus package, but important lessons had been learnt. The government in the 2021 Budget Statement acknowledged that Covid-19 put a spotlight on serious constraints in the healthcare system and infrastructure (MoFED, 2020a). Accordingly, the shortages of testing and medical supplies, lack of access to health services and facilities that provide basic healthcare interventions were singled out and highlighted as priorities for the country's long-term reforms, required to build greater resilience of the healthcare system against future shocks. Going forward, the government of Zimbabwe through the 2021 National Budget and its newly unveiled National Development Strategy 1 – NDS1 (2021–2025) and

drawing from lessons from Covid-19, has short- and long-term goals aimed at revamping the public health system as well as upgrading health facilities and infrastructure. It also seeks to install up-to-date medical equipment and to procure ambulances and utility vehicles (MoFED, 2020a, GoZ, 2020).

Pensions and 'cushioning allowances'

In consultation with the MoPSLSW, the National Social Security Authority also awarded its pensioners a one-time discretionary bonus in March 2020. This was in addition to the initiatives highlighted in the previous section. The bonus was equivalent to a month's pension and was intended to cushion pensioners from the pandemic and the vagaries of the market. Prior to the advent of Covid-19, in July 2019, the Authority had paid bonuses to its pensioners, and in late 2019, it raised the minimum monthly pension from ZWL 80 to ZWL 200 for the Pension and Other Benefits Scheme (POBS). The minimum worker's pension was raised from ZWL 80 to ZWL 240 for the Accident Prevention and Workers Compensation Scheme (APWCS). However, the real value of the bonus and the pension is critically low given Zimbabwe's tumbling currency against spiralling inflation. Currently, ZWL 200 is equivalent to approximately USD 2 on Zimbabwe's dominant market – the black market. The bonus is a mere stop-gap measure that falls far too short of addressing the pensioners' vulnerability to Covid-19 and the steepening economic crisis.

Cognisant that the country's inflation rate was 785.5 % year-on-year in May 2020 and mounting Covid-19 challenges, the government increased civil servants' salaries and pensions by 50%, and announced that from June 2020 it would start paying USD 75 to civil servants and USD 30 to pensioners (Zimbabwe IMF Report, 2020). This was to cushion them from the effects of the Covid-19 pandemic and the challenging economic situation. While this started as an interim arrangement it was extended to December 2020 with the government indicating possible extension into 2021, and providing an additional 40% cushioning allowance to civil servants and pensioners starting in October (Sunday Mail Reporter, 2020).

Other interventions

The country's social policy response was not limited to direct social protection or health interventions. There were also a number of initiatives aimed at directly and indirectly responding to the shocks caused by the pandemic. One such intervention was the suspension of duty on Covid-19 essential goods. The launch of a USD 2.2 billion domestic and international humanitarian appeal on 2 April 2020 with USD 300 million being focused on the fight against Covid-19 represented another major milestone, as it was a partnership between the government and development partners that was specific to responding to Covid-19 (see the Zimbabwe Update IMF, 2020). The government of Zimbabwe later reported in July 2020 that USD 202 million had been committed to the fight against Covid-19 with USD 26.9 million being disbursed (MoFED, 2020b). The funding provided by development partners was multi-pronged and was aimed at supporting the country's response plan. It covered aspects like coordination, planning, monitoring and evaluation, surveillance, rapid response, case investigation and management, infection prevention and control, logistics, procurement, border management, national laboratories among others.

In other interventions, government funding was provided to local institutions of higher learning for them to produce Covid-19 materials (especially personal protective equipment, PPE) (see MoFED, 2020b). The Midlands State University provides an example of this initiative where ZWL 10 million was provided for the production of numerous Covid-19 PPE. The provision of public health information in relation to Covid-19, testing, quarantine, and treatment were fundamental to the government's social policy response. The establishment of the Covid-19 Information Hub by UNICEF and the Ministry of Health and Child Care (Nyarota, 2020) was important. This initiative led to regular updates on the WHO website, daily updates by the MoHCC, and delivery through media (broadcasting, print and internet), to disseminate facts, prevention and containment information pertaining to Covid-19. However, the usefulness of this information interacts with social categories, and existing and new forms of inequality and marginalisation. For example, approximately 400,000 persons with sensory impairments (the blind and deaf) suffered Covid-19 information deficit prior to an April 2020 High Court ruling. The Court ordered the Zimbabwe Broadcasting Corporation (ZBC) to broadcast Covid-19 information sensitive to those with sensory impairments (Veritas, 2020). No legislative reforms were implemented for people with disabilities

in relation to Covid-19. We note that enduring lacunae in social provisioning pervade the lives of people with disabilities even prior to the outbreak of Covid-19 (see Majoko, 2020).

Conclusion

Social policy responses are pivotal in guaranteeing people's wellbeing against the unprecedented shocks and risks of Covid-19. Zimbabwe's overall social policy response was dominated by the government although other domestic and international actors also provided funding. The interventions were multi-pronged. Notable are food deficit mitigation, cash transfers, facilitating and financing healthcare interventions, advancing economic stimulus packages to trigger social welfare, pension support, provision of cushioning allowances, and funding state institutions for Covid-19 research and manufacturing of personal protective equipment. Food relief and cash transfers were the main responses, with most of the related interventions being crystallised around the traditional social protection measures for vulnerable populations being delivered through the Ministry of Public Service, Labour and Social Welfare. The existing programme on food relief was initially meant for vulnerable rural populations whose inclusion was based on means-testing and targeting. However, during the pandemic, food relief mainly through cash transfers was extended to urban areas. The Ministry of Health and Child Care was the central social policy actor in health interventions while the Ministry of Finance and Economic Development addressed the financing aspects according to their mandates. In addition, all government ministries and departments were expected to be active. Funding of the interventions, coverage and inclusion particularly of food relief and cash transfers, quality of healthcare and participation of civil society organisations were largely thorny issues. The response is not grounded in clear laws but on Statutory Instruments.

Despite being multi-pronged, the response remained predominantly inadequate and temporary. Six particularities are worth highlighting in relation to the character of Zimbabwe's social policy response. Firstly, the response is dependent on the socioeconomic and political situation. Prolonged economic crises resulted in failure to roll out wider food relief and cash transfer programmes, and to ensure quality healthcare in a context of limited external funding. Secondly, the lack of firm ongoing pandemic plans and a related funding base contributed to an inadequate and temporary response that has so far received wide criticism. Thirdly, while figures of funds availed, beneficiaries reached, interventions made are available, qualitatively assessing the impact which the government's interventions have had on the lives of the vulnerable is difficult. Most of the information is media-based but not supported by evidence in communities. Fourthly, the dominance of state actors, limited incorporation of civil society organisations and politics of patronage restricted the contribution of other social policy actors, and reduced the interventions more to populist tools for clientelism. Fifth, lack of clear legislation and coordination mechanisms militates against accountability and effectiveness. Sixth, the Covid-19 crisis is still ongoing and government interventions in Zimbabwe are being changed to respond to the prevailing situation. This signals that lessons were learnt from the pandemic. A more comprehensive appraisal needs to be done in the future where it would be possible to have multi-stakeholder input. This will provide nuanced and empirically grounded input on interventions made and their impact on the lives of citizens.

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Appendix 1: Social Policy Developments in Response to Covid-19 by Policy Area (Zimbabwe, January–September 2020)

Note: Zimbabwe's response to Covid-19 needs to be understood in the context of the country's political institutions. No new Acts of Parliament were introduced. Instead, adjustments to existing legislation guided the national policy response, in particular through Statutory Instruments (SIs). This appendix also considers legislative reforms through such Statutory Instruments.

	Policy Area	Pensions	Healthcare	Long-term care and disability	Labor market	Education
(1)	Have there been any significant legislative reforms in the indicated policy area during the indicated time period?	Yes	Yes	No	Yes	Yes
(2)	If (1) yes, have any of these reforms been explicit responses to the Covid-19 pandemic?	Yes	Yes	N/A	Yes	Yes
(3)	If (2) yes, has there been significant regional variation in the implementation of these reforms?	No	No	N/A	No	No
(4)	Have subnational governments enacted any significant legislative reforms in the indicated policy area during the indicated time period?	N/A	N/A	N/A	N/A	N/A
	Policy Area	Family benefits	Housing	Social assistance	Other*	
(1)	Have there been any significant legislative reforms in the indicated policy area during the indicated time period?	Yes	Yes	Yes	N/A	
(2)	If (1) yes, have any of these reforms been explicit responses to the Covid-19 pandemic?	Yes	Yes	Yes	N/A	
(3)	If (2) yes, has there been significant regional variation in the implementation of these reforms?	No	No	No	N/A	
(4)	Have subnational governments enacted any significant legislative reforms in the indicated policy area during the indicated time period?	N/A	N/A	N/A	N/A	

* Legislative reforms in other policy areas explicitly aimed at social protection include food subsidies and tax cuts aimed at social protection.

Appendix 2: Social Policy Legislation in Response to Covid-19 (Zimbabwe, January–September 2020)

Note: This appendix covers all major national social policy legislation published between 1 January 2020 and 30 September 2020.

Law 1		
(1)	Number of law	SI 76/2020
(2)	Name of law (original language)	English
(3)	Name of law (English)	SI 76, Civil Protection (Declaration of State of Disaster: Rural and Urban Areas of Zimbabwe (Covid 19) Notice, 20
(4)	Date of first parliamentary motion	23 March 2020
(5)	Date of law's enactment	23 March 2020
(6)	Date of law's publication	23 March 2020
(7)	Is the Covid-19 pandemic explicitly mentioned as a motivation in the law or any accompanying text?	Yes
(8)	Was the Covid-19 pandemic a motivation for the initial parliamentary motion for this law?	Yes
(9)	Was the Covid-19 pandemic a motivation for a significant revision of the legislative project after the initial parliamentary motion?	Not Applicable
(10)	Note on (7)-(9)	The SI 76, Civil Protection (Declaration of State of Disaster: Rural and Urban Areas of Zimbabwe) (Covid19) Notice, 2020 was primarily aimed at declaring the pandemic a national disaster in terms of Section 27 of the Civil Protection Act. This empowered the President to make extraordinary measures to assist the population including the vulnerable to help them and contain the spread of the virus. Government Ministries like the Ministry of Public Service, Labour and Social Welfare, who have a Constitutional mandate to provide social protection to vulnerable groups, were charged with the responsibility of scaling up their social protection programmes and to mitigate the effects of Covid-19 in rural and urban areas where Covid-19 had been declared a state of disaster. Between January and June 2020, the government reported that it had spent ZWL 902.2 million on different social protection initiatives. ZWL 85.5 million was said to have been spent on Covid-19 response although other mitigatory interventions were geared towards protecting the vulnerable from Covid-19. The following interventions were made by the Ministry: 1. Cash Transfer for Covid-19 Relief: The government set aside ZWL 2.4 billion for the Covid-19 cash transfer programme. 202,077 beneficiaries from the country's 10 provinces had benefitted under this scheme by October 2020. 2. Harmonised Cash Transfer: This is an existing government initiative targeting food poor and labour constrained households. It supported 63,000 households in the country's 23 poorest districts, aiming at household resilience, economic strengthening and reducing negative coping mechanisms. Between January–April 2020, ZWL 25.2 million was disbursed, increasing to ZWL 158.1 million by June 2020. 3. Cash for Cereals: ZWL 8,626,498 was distributed to 10 urban areas under the Urban Food Deficit Mitigation programme. Under the programme cash payments replaced grain allocations and it served as a Covid-19 mitigatory initiative. 4. The Food Deficit Mitigation programme had traditionally been undertaken to provide grain to vulnerable communities in the country's eight rural provinces and it was scaled up in response to Covid-19. 7,115 metric tonnes was distributed to 760,000 households by the government and 600,000 by the World Food Programme in conjunction with the government. The cost of the programme was ZWL 414.2 million. 5. Support for the elderly and disabled was undertaken with benefits being increased to mitigate the negative impacts of Covid-19. Between January to June 2020, the government spent ZWL 3 million in support on the elderly and ZWL 7.1 million on the disabled. An additional ZWL 5.1 million was provided to children in difficult circumstances (including those in foster care, in children's homes, in need of care or in state institutions).

Law 1		
(11)	Was this law a legislative package that contained multiple social reform components?	No
(12)	If (11) yes, how many distinct social reform components did it contain?	Not applicable

Law 1: Component 1		
(13)	Policy Area	Social assistance
(14)	Brief description of reform component	In response to the Covid-19 pandemic, the government scaled up different initiatives to mitigate its impacts. This did not entail an overhaul of existing social protection mechanisms, but it reinvigorated some and there was an increase in funding. There was the introduction of new initiatives like the Cash Transfer for Covid-19 Relief which added new beneficiaries for social assistance.
(15)	Change in coverage of existing benefits?	Expansion
(16)	Duration of coverage change?	Not Applicable
(17)	*If fix-term*, duration in months	Not applicable
(18)	Note on (15)-(17)	Most of the interventions are ongoing
(19)	Change in generosity of existing benefits?	Expansion
(20)	Duration of generosity change?	Not applicable
(21)	*If fix-term*, duration in months	Not applicable
(22)	Note on (19)-(21)	Not applicable
(23)	Introduction of new benefits?	Yes
(24)	Duration of new benefits?	Not applicable
(25)	*If fix-term*, duration in months	Eight months
(26)	Note on (23)-(25)	New benefits have mainly been under the Cash Transfer for Covid-19 Relief which identified new beneficiaries. For existing beneficiaries, there was an increase in benefits to cushion them from the impact of Covid-19.
(27)	Cuts of existing benefits?	No
(28)	Note on (27)	Non-Applicable
(29)	Estimated cost of reform in 2020 (national currency)	ZWL 2.40 billion
(30)	Estimated cost of reform in 2021 (national currency)	Not known yet
(31)	National Currency Code (ISO 4217)	ZWL 932
(32)	Source of cost estimation	Other
(33)	Note (29)-(31)	The estimated cost of ZWL 2.4 billion for fulfilling the reform is pegged in local currency which does not retain its value compared to stable currencies for example the USD or EUR. Deficits are more likely to hamper implementation.
(34)	If the implementation of the reform should already have started, has the reform been implemented?	Not Applicable

Law 1: Component 2		
(13)	Policy Area	Healthcare
(14)	Brief description of reform component	In conjunction with SI 83/2020 Public Health (COVID 19 Prevention, Containment and Treatment) (National Lockdown) Order, 2020 and other amendments to the SI, several interventions were put in place in the health sector. The major interventions have included: » A ZWL 1 billion Health Sector Support Fund. This was aimed at recruiting additional staff, providing frontline staff with a tax-free health allowance, financial support for health personnel if they fall ill on duty, and personal accident coverage for all frontline Covid-19 response staff. They are also to benefit from a death benefit insurance equivalent to one year's salary. In addition, all Central, Provincial and District hospitals and other facilities were to be upgraded and equipped to accommodate and care for Covid-19 patients.

To be continued

Law 1: Component 2		
(14)	Continued: Brief description of reform component	» The Ministry of Public Service, Labour and Social Welfare, which has traditionally provided medical assistance, between January and June 2020 provided ZWL 11.9 million for health assistance to the vulnerable. This catered for means-tested beneficiaries, some of whom could no longer afford healthcare due to Covid-19 induced challenges.
(15)	Change in coverage of existing benefits?	Expansion
(16)	Duration of coverage change?	Not Applicable
(17)	If fix-term, duration in months	Not applicable
(18)	Note on (15)-(17)	
(19)	Change in generosity of existing benefits?	Expansion
(20)	Duration of generosity change?	Indefinite
(21)	If fix-term, duration in months	Not Applicable
(22)	Note on (19)-(21)	Not Applicable
(23)	Introduction of new benefits?	Yes
(24)	Duration of new benefits?	Indefinite
(25)	If fix-term, duration in months	Not Applicable
(26)	Note on (23)-(25)	This is now an ongoing intervention to revamp the health sector during and after the Covid-19 pandemic.
(27)	Cuts of existing benefits?	No
(28)	Note on (27)	Not Applicable
(29)	Estimated cost of reform in 2020 (national currency)	ZWL 1 billion
(30)	Estimated cost of reform in 2021 (national currency)	Not known yet
(31)	National Currency Code (ISO 4217)	ZWL 932
(32)	Source of cost estimation	Other
(33)	Note (29)-(31)	In the Covid-19 Economy and Recovery Stimulus Package, ZWL 1 billion was set aside to support the health sector. This covered health infrastructure, services and personnel. It was taken as an increase which would supplement the ZWL 6 billion which had been allocated to the Ministry of Health and Child Care.
(34)	If the implementation of the reform should already have started, has the reform been implemented?	To a large degree

Law 1: Component 3		
(13)	Policy Area	Pensions
(14)	Brief description of reform component	In response to the Presidential Declaration of the state of disaster, the state and quasi-state agencies put in place interventions to provide social protection to pensioners. The notable interventions included: » The National Social Security Agency (NSSA) providing pensioners with a once-off discretionary bonus in March 2020. The bonus was equivalent to a month's pension and was intended to cushion pensioners from Covid-19. » NSSA increased the minimum worker's pension for the Accident Prevention and Workers Compensation Scheme (APWCS) in response to inflation and the ravages of Covid-19 on livelihoods. » The government increased the pensions of retired civil servants by 50% in June 2020 and an additional 40% in October. In addition, they were awarded a monthly Covid-19 allowance of USD 30 valid until December 2020.
(15)	Change in coverage of existing benefits?	Expansion
(16)	Duration of coverage change?	Yes
(17)	If fix-term, duration in months	Not applicable
(18)	Note on (15)-(17)	
(19)	Change in generosity of existing benefits?	Expansion
(20)	Duration of generosity change?	Indefinite
(21)	If fix-term, duration in months	Not Applicable

Law 1: Component 3		
(22)	Note on (19)-(21)	Not applicable
(23)	Introduction of new benefits?	Yes
(24)	Duration of new benefits?	Indefinite
(25)	If fix-term, duration in months	Not Applicable
(26)	Note on (23)-(25)	New benefits for pensioners were introduced by both NSSA and the government to mitigate the impact of Covid-19 on pensioners. This has been in addition to already existing benefits.
(27)	Cuts of existing benefits?	No
(28)	Note on (27)	There has been an increase in already existing benefits for pensioners. The major challenge has been that the country's hyperinflationary and unstable economic environment has made the increases fall far short of addressing the pensioners' vulnerability.
(29)	Estimated cost of reform in 2020 (national currency)	Not known
(30)	Estimated cost of reform in 2021 (national currency)	Not known yet
(31)	National Currency Code (ISO 4217)	ZWL 932
(32)	Source of cost estimation	Other
(33)	Note (29)-(31)	Not applicable
(34)	If the implementation of the reform should already have started, has the reform been implemented?	To a large degree

Law 1: Component 4		
(13)	Policy Area	Education
(14)	Brief description of reform component	SI 77 and SI 83/2020 Public Health (COVID 19 Prevention, Containment and Treatment) (National Lockdown) Order, 2020 collaboratively with the SI 76, Civil Protection (Declaration of State of Disaster: Rural and Urban Areas of Zimbabwe (Covid-19) Notice, 20 have affected the country's education sector. In March 2020 and in response to the laws, 9,500 schools in the country were closed and this affected 4.6 million school-going children. Since March, there has been a phased reopening of schools starting with examination classes and spreading to the generality of the students. Some of the interventions in the education sector by the Ministry of Primary and Secondary Education have included: » Provision of free radio lessons to school pupils. This started on 15 June 2020. In addition, there is a teacher's resource platform on radio which targets teachers as well. » In collaboration with other development partners, the rolling out of personal protective equipment including hygiene kits, reusable masks for teachers, and rehabilitation of water sources in schools. » Collaboratively with development partners there has also been the development of 180,000 early childhood development (ECD) books for home learning and pupil development. » The Ministry of Public Service, Labour and Social Welfare committed ZWL 150 million to the Basic Education Assistance Module. This is a state initiated programme in which the government pays school fees for pupils at primary and secondary schools who cannot afford them. Despite the closure of schools, the programme continued and there is anticipation that it could become overwhelmed due to the impact of Covid-19.
(15)	Change in coverage of existing benefits?	Expansion
(16)	Duration of coverage change?	Yes
(17)	If fix-term, duration in months	Not applicable
(18)	Note on (15)-(17)	Not applicable
(19)	Change in generosity of existing benefits?	Expansion
(20)	Duration of generosity change?	Indefinite
(21)	If fix-term, duration in months	Not Applicable

Law 1: Component 4		
(22)	Note on (19)-(21)	Not applicable
(23)	Introduction of new benefits?	No
(24)	Duration of new benefits?	Not Applicable
(25)	If fix-term, duration in months	Not Applicable
(26)	Note on (23)-(25)	Nothing much has been introduced in the education sector as it has been mainly inactive during the Covid-19 period. Minimal interventions that were implemented have been to prepare the sector for schools re-opening and to provide educational programmes through cheap mediums with a wide coverage. Already existing programmes like textbook development and distribution have been realigned to the new realities. Prioritisation of school safety, production and distribution of personal protective equipment has been a priority.
(27)	Cuts of existing benefits?	No
(28)	Note on (27)	Not applicable
(29)	Estimated cost of reform in 2020 (national currency)	Not known
(30)	Estimated cost of reform in 2021 (national currency)	Not known yet
(31)	National Currency Code (ISO 4217)	ZWL 932
(32)	Source of cost estimation	Other
(33)	Note (29)-(31)	Not applicable
(34)	If the implementation of the reform should already have started, has the reform been implemented?	Not Applicable

Law 2		
(1)	Number of law	SI 96/2020
(2)	Name of law (original language)	English
(3)	Name of law (English)	Presidential Powers (Temporary Measures) Deferral of Rent and Mortgage Payments During National Lockdown) Regulations, 2020
(4)	Date of first parliamentary motion	29 April 2020
(5)	Date of law's enactment	29 April 2020
(6)	Date of law's publication	29 March 2020
(7)	Is the Covid-19 pandemic explicitly mentioned as a motivation in the law or any accompanying text?	Yes
(8)	Was the Covid-19 pandemic a motivation for the initial parliamentary motion for this law?	Yes
(9)	Was the Covid-19 pandemic a motivation for a significant revision of the legislative project after the initial parliamentary motion?	Not Applicable
(10)	Note on (7)-(9)	The Presidential Powers (Temporary Measures) Deferral of Rent and Mortgage Payments During National Lockdown) Regulations, 2020 was promulgated primarily to provide a reprieve to tenants and mortgagors unable to make payments during the national lockdown. Initially gazetted for the period April to March it was later extended to June 2020. It protected tenants and mortgagors from being summarily evicted, arbitrary increase in rents repossession of property, claims to damages, deferral of mortgage payments with interest and foreclosure of mortgages. In as much as it protected tenants and mortgagors, it placed an obligation on them to pay as and when they were able to and it spelt out conditions for payment (the months when lockdown is in place versus repayments to be made in instalments).
(11)	Was this law a legislative package that contained multiple social reform components?	No

Law 2		
(12)	If (11) yes, how many distinct social reform components did it contain?	Not applicable

Law 2: Component 1		
(13)	Policy Area	Housing
(14)	Brief description of reform component	The law was primarily aimed at providing a reprieve to tenants and mortgagors unable to make payments during the national lockdown in order to protect them at a time when livelihoods have been disrupted by Covid-19.
(15)	Change in coverage of existing benefits?	Not Applicable
(16)	Duration of coverage change?	Not Applicable
(17)	If fix-term, duration in months	Not applicable
(18)	Note on (15)-(17)	
(19)	Change in generosity of existing benefits?	Maintenance
(20)	Duration of generosity change?	Not Applicable
(21)	If fix-term, duration in months	Not Applicable
(22)	Note on (19)-(21)	Not Applicable
(23)	Introduction of new benefits?	No
(24)	Duration of new benefits?	Not Applicable
(25)	If fix-term, duration in months	Not Applicable
(26)	Note on (23)-(25)	Not Applicable
(27)	Cuts of existing benefits?	No
(28)	Note on (27)	Not Applicable
(29)	Estimated cost of reform in 2020 (national currency)	Not Applicable
(30)	Estimated cost of reform in 2021 (national currency)	Not Applicable
(31)	National Currency Code (ISO 4217)	ZWL 932
(32)	Source of cost estimation	Other
(33)	Note (29)-(31)	Not Applicable
(34)	If the implementation of the reform should already have started, has the reform been implemented?	Not Applicable